UTILITY DECLARATION APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled METHODS AND COMPOUNDS FOR TREATING MALABSORPTION DISEASES AND INFLAMMATORY CONDITIONS OF THE GASTROINTESTINAL TRACT, the specification of which is filed concurrently herewith.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56.

I hereby claim the benefit under Title 35, United States Code § 119(e) of the following United States application(s) listed below.

Application Number(s)	Filing Date	
60/445,542	February 6, 2003	

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR	FIRST Name James	MIDDLE Initial M.	LAST Name Lipton Country of Citizenship U.S.A.	
RESIDENCE & CITIZENSHIP	City Woodland Hills	State or Foreign Country		
POST OFFICE ADDRESS	5800 Owensmouth Ave., #10	City Woodland Hills	State or Country CA	Zip Code 91367
INVENTOR'S SIGNAT	URE James	inter	DATE <u>2-3</u>	- C4

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: JAMES M. LIPTON

EXAMINER:

APPLICATION No.:

ART UNIT:

FILED:

CONCURRENTLY HEREWITH

CONF. NO:

FOR: METHODS AND COMPOUNDS FOR TREATING

MALABSORPTION DISEASES AND INFLAMMATORY CONDITIONS OF THE

GASTROINTESTINAL TRACT

Power of Attorney by Assignee and Certification <u>Under 37 C.F.R. § 3.73(b)</u>

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

I, the undersigned, acting on behalf of the Assignee of the entire right, title and interest in the above-identified patent application, by virtue of an Assignment filed concurrently herewith, appoint the attorneys and agents listed below to prosecute this application and transact all business with the U.S. Patent and Trademark Office in connection therewith. This appointment is to the exclusion of the inventor(s) and their attorney(s) and agent(s) in accordance with the provisions of 37 C.F.R. § 3.71.

All prior powers of attorney for this application are hereby revoked. The Assignee hereby appoints

> STEPHEN E. ARNETT, Registration No. 47,392 RODGER K. CARREYN, Registration No. 50,774 MAY Y. CHAN, Registration No. 51,053 BRIAN R. COLEMAN, Registration No. 39,145 CHRISTOPHER DALEY-WATSON, Registration No. 34,807 PETER J. DEHLINGER, Registration No. 28,006 DAVID BOGART DORT, Registration No. 50,213 DAVID T. DUTCHER, Registration No. 51,638 LEEANN GORTHEY, Registration No. 37,337 JOSEPH HAMILTON, Registration No. 51,770

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In accordance with 37 C.F.R. § 3.73(b), I hereby certify that I am empowered to act on behalf of the Assignee. To the best of my knowledge and belief, title is in the Assignee, as evidenced by the Assignment noted above.

I further declare that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both,

under Title 18, USC § 1001 and that such willful false statements may jeopardize the validity of this application or any patent resulting therefrom.

ASSIGNEE: Zengen, Inc.

Signature: (

Printed Name:

Title:

Date:

Address:

6429 Independence Ave., Woodland Hills, CA 91367